



Delivering Excellence Every Day

**MIAMI-DADE COUNTY
GENERAL SERVICES ADMINISTRATION
FACILITIES and UTILITIES MANAGEMENT DIVISION
OFFICE of ELEVATOR SAFETY**

201 West Flagler Street
Miami, FL 33130-1510

Ph: 305.375.1577

Fax: 305.372.6367

www.miamidade.gov/gsa/elevatormain.asp

399.125 Reporting of elevator accidents; penalties.--Within 5 working days after any accident occurring in or upon any elevator, the certificate of operation holder shall report the accident to the division on a form prescribed by the division. Failure to timely file this report is a violation of this chapter and will subject the certificate of operation holder to an administrative fine, to be imposed by the division, in an amount not to exceed \$1,000.

SECTION 1 - ELEVATOR LOCATION					
State Serial Number	<input type="checkbox"/> Elevator <input type="checkbox"/> Escalator	<input type="checkbox"/> Moving Walkway <input type="checkbox"/> Wheelchair Lift	Accident Date (mm/dd/yyyy)	Time of Accident Hour	Minute <input type="checkbox"/> AM <input type="checkbox"/> PM
Owner Name		Building Address			
Business Name				City	
County	State	Zip Code	Phone Number		
SECTION 2 - SERVICE MAINTENANCE					
Is the elevator or escalator under a service maintenance contract? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
Name of Elevator Maintenance Company					
Was the elevator service maintenance company notified? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate date (MM/DD/YYYY)			Most recent required test performed? <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years		Test Date (mm/dd/yyyy)
SECTION 3 - REPORTING SIGNATURE					
Report Submitted by (print name)		Date	Title		
Signature			Phone Number	Contracted Jurisdiction	

SECTION 4 - ACCIDENT DETAILS											
Brief Narrative: (attach additional sheets as necessary)											
CHECK ALL BELOW THAT APPLY											
Medical Attention Req'd <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Fall	<input type="checkbox"/> Bruises	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Hand	<input type="checkbox"/> Fingers	<input type="checkbox"/> Hair	<input type="checkbox"/> Other	<input type="checkbox"/> Trip	<input type="checkbox"/> Cuts	<input type="checkbox"/> Arm	<input type="checkbox"/> Leg
				<input type="checkbox"/> Knee	<input type="checkbox"/> Foot	<input type="checkbox"/> Toes	<input type="checkbox"/> Torso				
Other Factors: <input type="checkbox"/> Carryon Items/Packages <input type="checkbox"/> Stroller <input type="checkbox"/> Safety Issues <input type="checkbox"/> Mechanical <input type="checkbox"/> Other											
Clothing/Footwear Involved: <input type="checkbox"/> Sleeves <input type="checkbox"/> Purse <input type="checkbox"/> Shoes <input type="checkbox"/> Dress/skirt <input type="checkbox"/> Pants <input type="checkbox"/> Coat <input type="checkbox"/> Other											
Equipment Involved: <input type="checkbox"/> Door Open <input type="checkbox"/> Step-Stair Tread <input type="checkbox"/> Floor Leveling <input type="checkbox"/> Esc. Side Wall <input type="checkbox"/> Esc. Railing											
Witnessed Activities: <input type="checkbox"/> Unsafe Rider Behavior <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Other											
Post Event Inspection Req'd <input type="checkbox"/> Y <input type="checkbox"/> N Performed by:										Date	
(Optional) Unit Cleared for Continued Use: <input type="checkbox"/> Y <input type="checkbox"/> N Cleared By:										CEI #	
										Date	

Disclaimer: This report is not intended to ascertain fault or to establish liability. The statutorily required completion enables the County to capture data for trending and analysis to improve rider safety. The report must be returned to the Office of Elevator Safety within 5 days of the accident to:

Miami-Dade County
GSA/Facilities and Utilities Management Div, Office of Elevator Safety,
201 West Flagler Street
Miami, FL 33130-1510 FAX: 305-372-6367